Senniger, Powers, Leavitt & Roedel

Attorneys at Law

Patents, Trademarks, Copyrights,
Technology Law, Antitrust, Litigation

Christopher M. Goff

One Metropolitan Square, 16th Floor Saint Louis, Missouri 63102

Telephone: 314-231-5400
Facsimile: 314-231-4342

www.senniger.com



September 11, 2003

UTILITY PATENT APPLICATION TRANSMITTAL (new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket Number: KCC 4982.1 (K-C 19,834) First Named Inventor: Duane G. Krzysik

Title: SKIN CARE TOPICAL OINTMENT

Express Mail Label Number: EV 327053725 US

TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

APPLICATION ELEMENTS

1.	[X]	Fee Transmittal Form (original and duplicate)
2.	[]	Applicant claims small entity status
3.	[X]	Specification [Total Pages 24]
4.	[]	Drawings [Total Sheets]
5.	Oath	or Declaration [Total Pages]
	a.	<pre>[] Newly executed (original or copy) [] New (unexecuted)</pre>
	b.	[] Copy from a prior application (for continuation/divisional with Box 19 completed)
		i. [] DELETION OF INVENTOR(s) Signed statement attached

deleting inventor(s) named

in prior application.

6.	copy cons	Incorporation By Reference (useable if Box 5b is marked) entire disclosure of the prior application, from which a of the oath or declaration is supplied under Box 5b, is sidered as being part of the disclosure of the ompanying application and is hereby incorporated by erence therein.
7.	[X]	Application Data Sheet
8.	[]	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
9.	[]	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
		 a. [] Computer Readable Form b. [] Specification Sequence Listing on: i. [] CD-ROM or CD-R (2 copies); or ii. [] paper
		c. [] Statements verifying identity of above copies
		ACCOMPANYING APPLICATION PARTS
10.	[]	Assignment Papers (cover sheet & document(s))
11.	[]	37 CFR 3.73(b) Statement [] Power of Attorney
12.	[]	English Translation Document (if applicable)
13.	[]	IDS with PTO/SB/O8A [] Copies of IDS Citations
14.	[]	Preliminary Amendment
15.	[X]	Return Receipt Postcard
16.	[]	Request and Certification for Non-Publication. Form PTO/SB/35 is attached.
17.	[]	Certified Copy of Priority Document(s) if foreign priority is claimed
18.	[]	Other:
		IF A CONTINUING APPLICATION, CHECK APPROPRIATE BOXES AND SUPPLY THE REQUISITE INFORMATION
19.	[]	Continuation [] Divisional [] Continuation-in-Part of prior application No.:
	[]	Complete Application based on provisional Application No.
Prio	or app	plication information: Examiner: Group Art Unit:

CORRESPONDENCE ADDRESS

20. Correspondence Address: Customer Number 321 Attention: Christopher M. Goff

Respectfully submitted,

Christopher M. Goff, Reg. No. 41,785

CMG/dmt

FEE TRANSMITTAL



Application Number To Be Assigned
Filing Date September 11, 2003
Normalization Number KCC 4982.1 (K-C 19,834)

METHOD OF PAYMENT

		MBINOD OF PAIMENT
1.	[]	The Commissioner is hereby authorized to charge the indicated fees to Deposit Account No. 19-1345.
	[]	The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17 to Deposit Account No. 19-1345.
	[]	Applicant claims small entity status.
2.	[X]	Check Enclosed. The Commissioner is hereby authorized to charge any under payment or credit any over payment to Deposit Account No. 19-1345.
		FEE CALCULATION
1.	[X]	BASIC FILING FEE Subtotal (1) \$ 750.00 (Type: Utility)
2.	[X]	EXTRA CLAIM FEES Subtotal (2) \$54.00
		Total Claims 2 Independent Claims 2 Multiple Dependent Claims
3.	[]	ADDITIONAL FEES Subtotal (3) \$
		<pre>[] Surcharge - late filing fee or oath [] Surcharge - late provisional filing fee or cover sheet [] Extension for reply within month [] Notice of Appeal [] Filing a Brief in Support of an appeal [] Request for ex parte Reexamination [] Petitions to the Commissioner [] Submission of Information Disclosure Statement [] Recording each patent assignment per property [] Request for Continued Examination [] Other:</pre>
TOTAL	x /	UNT OF PAYMENT \$ 804.00
Chris	stoph	Mr. Goff, Reg. No. 41,785 Date

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